

## **IMPACT OF GLOBALIZATION ON ENVIRONMENTAL HEALTH**

**J.A. OLANIPEKUN (Ph.D), PAT. OYENIYI (Ph.D) and A.O. AWOSUSI (Ph.D)**

*Department of Human Kinetics and Health Education,  
Faculty of Education,  
Ekiti State University, Ado-Ekiti*

### **Abstract**

*Environmental health practitioners need to be aware of the conjecture attached to globalization and the future health of community dwellers. This paper focused on globalisation and its impacts on environmental health as an aspect of public health. It discussed the role of the key international institutions such as World Bank, World Trade Organisation and World Health Organisation in ensuring environmental health. The impact of global trade policy on environmental health, global health inequalities and emerging environmental health risks and challenges for environmental health were also investigated. It was therefore recommended that environmental health practitioners should be concerned with the threats the global society poses to environmental health and therefore find means of curbing this menace.*

**Keywords:** public health, health hazards, health risks, health inequalities, waste disposal.

### **Introduction**

Environmental health comprises of those aspect of human health, including quality of life that are determined by physical, chemical, biological, social and psychological factors in the environment. People who engage in the sector of environmental health are working towards the protection of people from hazardous environments; and promotion of healthy environments in the following areas: water supply, waste management; vector control, housing and planning hygiene education; food safety, protection from radiation and control of pollution.

A broad based environmental health should take stock of significant economic, social and political changes that define and shape people's health. The term globalisation has only recently begun to play a part in discussion within public health (Lee, 2003) focusing on its challenges and how this affects individual and population level health. The public perception of events such as war, conflict, famine and international level disputes that occur at some distance from the recipients, coupled with terrorist attacks, global cyclical risks posed by an avian influenza pandemic, have resulted in talk of globalisation.

The word globalization means different things to different people. Globalization refers to the increasing global relationships of culture, people, and economic activity (Robertson, 2007). The social and economic relationships that stretch worldwide between different peoples, religion and countries in the world could be termed globalization or growing interdependence. It is intensification of worldwide social relations which link distant localities in such a way that local happenings are shaped by events occurring many kilometres away and vice versa (Giddens, 1990).

Globalization is often seen to refer to interconnectedness between individuals and communities across diverse geo-politically nation states (Stephens, 2000; Beaglehole, 2000). Individuals and communities can no longer consider themselves to be separated from wider global processes that have broader consequences for environmental health.

It is therefore necessary to examine how this issue of distance events shaped by and shaping local happenings is thereby central to environmental health issues surrounding the global society. This is the age of globalization. Regional international treaties are bringing nations into union, multinational companies are merging to form larger and longer conglomerates whose branches spread all over the world; every year, millions of people travel from country to country for business and leisure, whilst war or famine displace others from their homes; rapid electronic communications transmit information around the world within seconds; and satellite communications bring events in real time from distance lands into living rooms. These lands have converted the world to what has been described as “a global village” with profound effects on the health of the population in every part of the world. Even in remote communities, these global trends offer human health and welfare.

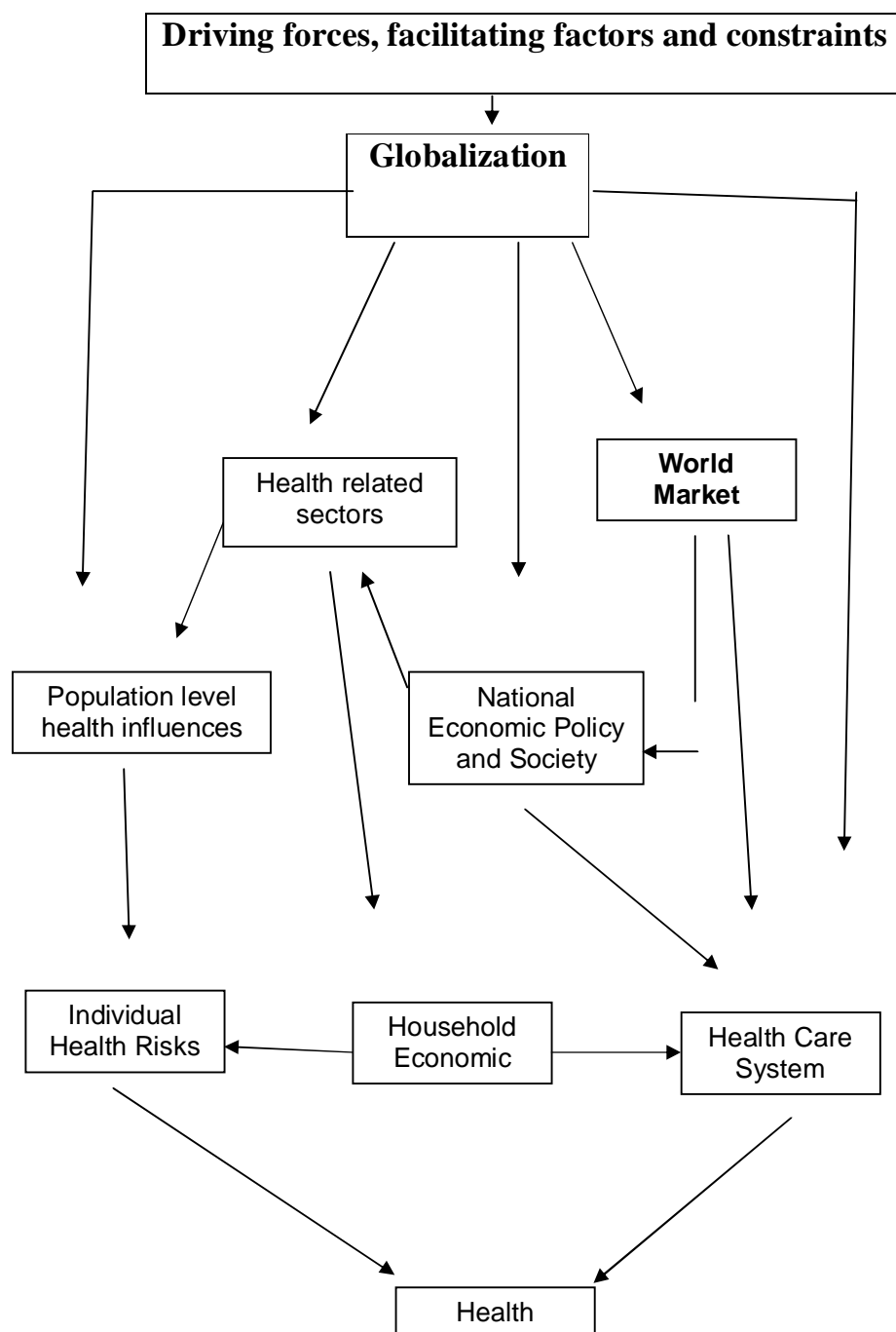
The effects of globalization on the health sector, both the opportunities and the risks have stimulated greater interest in international cooperation for health. The greater opportunities for public health practitioners to join forces in confronting issues such as the spread of infectious disease (HIV and AIDS), the threat of terrorism, illegal drugs trafficking, environmental health issues, climate change (global warming) and matters concerning food including imported tin foods and animal diseases. The weakened national boundaries and controls, including problems from the movement of goods and services and people health inequalities are concerns of the negative effects of globalization.

## **Globalization**

### ***Key Features of Globalization in Relation to Environmental Health***

Primarily, globalization has been predominantly associated with social and economic processes (O’Keefe, 2000; Labonte & Torgerson, 2005). This has rather dominated public health mostly environment health aspect agenda. Globalization is engaged across a number of public and private spheres; the political, legal, military, socio-cultural environment and economic (Held, McGrew, Goldblatt and Perraton, 1999). These transformations within global society are central to contemporary social life and impact in both common sense and unexpected ways on the health and well-being of individuals and communities. There are clearly key links between political economy of globalization (the manifest processes that drive globalization at an economic and structural level) and the various spheres that sustain health care and health care systems (primary, secondary and tertiary).

However, a conceptual framework with which to make sense of about how structural process of globalization might impact on health is presented below in Figure 1 as adapted from Woodward, Drager and Beaglehole (2001).



**Fig. 1: Conceptual frame-work for globalization and health.**

Source: Adapted from Woodward, et. al. (2001).

The model, albeit static, attempts to take into account the multiple routes that globalization processes are implicit in, and how these might impact on health via a range of state, societal and supra-national level institutions.

### **Positive and Negative Impacts of Globalization on Environmental Health**

There is need to investigate the effects of globalisation on the health of individuals, population and the environment of the community dwellers. Public health practitioners are solely concerned with the effects of key global processes and even considered the extent to which they are either beneficial or harmful to population health. However, globalization is not intrinsically either beneficial or harmful to people's health, although it appears that proponents of both sides of this issue have become entrenched in their attitudes towards it (Lee, 2001; Labonte & Torgerson, 2005).

Positive consequences stem from the idea that globalization increases sharing of health information, ideas and forms of knowledge on modern concepts, prevention and control, causation and this has important benefits for environmental health. For example, the collaboration between states over the shared global environmental health issues such as tuberculosis, air pollution (tobacco smoking), and control can be an important experience. The ease and rapidity of communications have facilitated the diffusion of ideas and policy concern relating to health care and environmental health of community inhabitants (Bettcher & Wipfli, 2001). Globalization is also seen as having a positive effect in terms of promoting gender equality as well as human right to health services (Ganguly-Scrase, 2003).

The burgeoning of global travel, printed media and technologically enhanced media (such as Internet) are viewed as positive aspects of global processes. Processes of technological innovation, for instance, have broader consequences for health care delivery systems. For example, the UK-based National Health Service has an Internet site called 'NHS Direct' and this is accessed by individual and communities from all over the world as a resource for health issues.

Towards promoting global health, globalization is something to be encouraged as it engenders openness to idea, people, trade and culture (Feachem, 2001). This eventually lead to national wealth accumulation focusing predominantly on the economic justification in terms of increased health with corresponding increased workers' productivity. Healthy populations abroad represent growing markets for business of the industrial world. If the developed countries invest in improving the health of other populations, their economic returns will be increased. Globalization has helped to reduce inequalities between and within countries (Ganguly-Scrase, 2003). Economic growth is good for the incomes of the poor. This is good for the health of the poor. Globalization is a key component of economic growth. Openness to trade and inflow of capital, technology and ideas are essential for sustained economic growth (Feachem, 2001).

For other, however, globalization is creating rising social, economic health inequalities, in terms of economic shifts. One of the major threats to global health comes from the transnational financial interests who speculate against the world currencies (Baum, 2001). Globalization is perceived as generating negative impact on national level health care systems, through the restrictive market promoting policies of World Trade Organisation (Price, Pollock and Shaoul,

1999), and this policies have led to a disproportionate effect on the health of the vulnerable group in the global society (Pollock and Price, 2000). In addition, the public health concern has focused on equating globalization with direct health impacts, such as shifting disease patterns, climate change, poorer working conditions in the developing nation states and effects on food security.

### **Role of International Institution on Environmental Health**

International health is highly concerned with health activity involving persons, communities and/or institutions in two or more countries. Interest in international health has its origins in the early ventures of international trade, travel and it antedates recent global events.

International health was born of fear; nurtured by compassion; and sustained by the realisation of mutual benefits. In the earlier times, fear of the spread of epidemic diseases (measles, plague, small pox malaria fever etc) was the most prominent stimulus for international health action. Beyond fear, another strong motive for international health action is compassion. Medical missions, religious and humanitarian agencies, non-governmental organisations, and private voluntary organisations respond to health crises not only in their own communities but also in distant lands. With the rapid communications by satellite television and the internet, medical disasters are brought to the attention of people in their own homes and they respond by supporting international health action. Various health agencies provide emergency relief in response to conflicts and natural disasters. Some of them stay on to strengthen routine health care.

The third motivation for international health is the realization of mutual benefits for all the participants, developed and developing countries, both rich and poor and both giver and recipient of aid. Collaborative programmes for disease control (eradication of polio, small pox, measles, malaria fever, HIV/AIDS, SARS, Avian influenza) and health research illustrate the mutual benefits derived from international health. WHO, UNICEF and other United Nations have organised major health research programmes on human reproduction, tropical diseases and in the field of health care delivery, use of paramedical personnel, innovative community-based programme in mental health and other similar health initiatives (WHO, 2005; 2006).

The World Trade Organisation (WTO) has been to expand private markets considering public environmental health by removing political/trade barriers to the global movement of goods, services and capital. It also offer additional incentives to developing nations through a relaxation of wage controls and workplace standards (McMichael & Beaglehole, 2000).

The World Bank is a source of financial assistance primarily for developing countries, and is seen as one of the largest multilateral funders of health care projects including sustenance of environmental health standard (O'Keefe, 2000). World Bank as an organ of United Nations mainly focus on helping less developed countries to raise their living standards by giving loan for projects that will lead to economic growth. The projects are usually concern with health, environmental

components, electric power, roads, railways, agriculture, water supply, education and family planning, food and control of onchocerciasis programme and so on.

The World Health Organization (WHO) is a specialized, non-political, health agency of the United Nations. The objective of the WHO is the attainment by all peoples of the highest level of health. The WHO also has specific responsibilities for establishing and promoting standards in the field of environmental health. WHO advises governments on national programmes for the provision of basic sanitary services. WHO embarks on health activities directed to protection of the quality of air, water and food; health conditions of work, radiation protection and early identification of new technological developments (Park, 2005). A number of programmes have been developed such as the WHO Environmental Health Monitoring Programme (EHMP) towards improving environmental health.

### **Global Inequalities in Health**

Globalization is seen as exacerbative inequalities of resources (Lee, 2000). These inequalities in wealth and income are growing at an unprecedented rate, not only among countries, but also within most of developed and developing countries. For example, the largest growth in income inequality in Eastern Europe and countries in the former Soviet Union has had a major impact on the resurgence of tuberculosis and there has been a large and significant impact on life expectancy and personal security (United Nations Development Programme, 2001). Furthermore, a deficient of social capital (social networks and civil institutions) adversely affects the prospects of health by predisposing to weakened rich-poor gaps, inner urban decay, increased drug trade and weakened environmental health systems (Mc-Michael & Beaglehole, 2000).

### **Globalization and Emerging Environmental Health Risks.**

Globalization brings new environmental health risks such as rise of non-communicable diseases (coronary heart disease, cancers) and forms of substance abuse such as alcoholism, and tobacco – related diseases (Lee 2000). It is also time that globalization is changing the nature of infectious disease. Lee (2000) highlighted most recently in the case of SARS and Avian Flu. Infectious diseases such as tuberculosis, malaria, plague and cholera are interpreted as re-emerging. For example, WHO (1997) explained that the re-emergence of malaria is seen in areas (developed and developing countries) where it had been thought it was eradicated. Also, there are other newly emerging diseases like HIV, Ebola, SARS and Avian Flu (WHO, 2006).

However, with the increase in global travel, tourism, population migration and displacement, other diseases like malaria and cholera, HIV are proving to be public and environmental health threats (Lee, 2000). The increase and intensification of worldwide mobility in both people and trade also

has key public health risks and implications for the transportation of food (expired/contaminated) and the increased incidence of transborder food-borne-diseases (Labonte & Torgerson, 2005; WHO, 2006).

The global environmental changes has brought about the intensity of modern consumer driver economics, hold risks for public health. These changes to the earth's basic life – supporting processes pose long-term risks to the health of populations (McMichael & Beaglehole, 2000). There are potential risks of global climate change to health, for example, in the geographical range of vector-borne infectious diseases such as malaria. Climate change can therefore bring about a greater spread in infectious diseases. Many of the biological organisms and problems linked to the spread of infectious diseases are especially influenced by fluctuations in climate variables, notably temperature, precipitation and humidity (WHO, 1997; 2006).

## **Conclusion**

The emerging picture of environmental health risks is changing fast in the face of modernity (Giddens, 1990). Can environmental health keep up with the pace of change brought about by globalization? A more pertinent question is - 'What role can the environmental health practitioners play in utilizing the positive forces of globalization and or alleviating its more negative effects?'. The environmental health practitioners must identify the newly emerging issues that are unpinging on their practices that can be directly or indirectly related to globalization. They should be concerned with the threats the global society and a global level trade system pose to environmental health. This issue throws up key questions surrounding inequalities, global climate change, global working conditions, regulations and so on. Similarly, the environmental health practitioners must concern with continue relevance of the nation state in relation to regional and global public environmental health issues, particularly in the light of increased involvement of transnational and multinational level organizations in the global health arena.



## REFERENCES

- Baum, F.(2001) Health, equity, justice and globalization: Some lessons from the people's health Assembly, *Journal of Epidemiology and Community Health*. 53:195 – 196.
- Bettcher, DWS Wipfh; H. (2001) Towards a more sustainable globalization: The role of the public health community, *Journal of Epidemiology and Community Health* 55: 617 – 618.
- Feachem, R.G.A (2001 September). Globalization is good for your health mostly. *British Medical Journal*, 323:504 – 506.
- Ganguly – Scrase, R. (2003) Paradoxes of globalization, liberalization and gender equality: The world of the lower middle classes in West Bengal, India. *Gender and Society* 17(4): 544 -566.
- Giddens, A (1990). *The consequences of modernity*. Cambridge: Polity Press.
- Held, D; McGrew, A.G.; Goldblatt, D. & Perraton, J(Eds) (1999). *Global transformation, politics, economics and culture*. Cambridge: Polity Press.
- Labonte, R. & Torgerson, R. (2005) Interrogating globalization health and development: Towards a comprehensive framework for research, policy and political action. *Critical Public Health* 15(2): 157 – 179.
- Lee, K. (2000) Global sneezes spread diseases. *Health Matters* 41:14 – 15
- Lee, K. (2000). The impact of globalization on environmental health: Implications for the faculty of public health medicine. *Journal of Public Health Medicine* 22 (3): 253 – 262
- Lee, K. (2003) *Globalization and health: An Introduction*. London: Palgrave Macmillan.
- McMichael, A.J. & Beaglehole, R. (2000). The changing global context of environmental health. *Lancet*, 356: 495 – 499
- O'keefe, E. (2000). Equity, democracy and globalization. *Critical Environmental Health*. 10(2): 167 -177
- Park, K. (2005). *Preventive and social medicine*. India: M/S Banarsidas Bhanot Publishers
- Price, D.; Pollock, A.M. & Shaoul, J. (1999). How the World Trade Organization is shaping domestic policies in health care. *Lancet*. 354:1889 – 1891
- Robertson, R. (2007) *Globalization*. London: Sage Press.
- United Nations Development Programme (2001). Human development report 2001. <http://www.undp.org/hdr2001/>.

Woodward. D.; Drager, N.& Beaglehole,R. (2001). Globalization and health: A framework for analysis and action. *Bulletin of the World Health Organization*, 79 (9): 875-881.

World Health Organization (1997). *Health and environment in sustainable development: Five years after the earth summit*. Geneva: WHO

World Health Organization (2005). *The world health report – make every mother and child count*. Geneva: WHO

World Health Organization (2006). Chronic disease information sheets: Obesity and overweight  
<http://www.who.int/dietphysicalactivity/publications/facts/obesity/eu/index.html>.